



# CRESTWOOD BEHAVIORAL HEALTH INC.

## ANNUAL PERFORMANCE ANALYSIS REPORT 2012

### OPERATIONS REPORT

**2012** was a year of challenges, change and champions! This year was the final year of the state of California financial crisis and as a result it was a year that enabled Crestwood to analyze the reductions from last year and the manner in which we will move forward with growing services. 2012 provided time for analysis of our service delivery systems and to cultivate and nurture relationships with stakeholders. It was a year where we grew one program and honed the therapeutic interventions rather than looking for additional complimentary interventions. The outcome of this effort is expected to be a full-financial recovery and growth opportunities for future development.

#### **Financial Recovery**

Sustainability is a key to any effective organization. Crestwood has had 44 years of sustainable services with a model that exemplifies stability with growth and flexibility. The years 2008 through 2012 provided the mental health community with many challenges to economic stability. The state faced bankruptcy and as a result, the funding for social services and mental health services were reduced significantly. The financial reductions impacted all levels of care and had a significant impact on Crestwood. Crestwood took on the challenge analyzed the fiscal impact over the next 5 years and looked at how reductions could be implemented that would not have a negative impact on services. Crestwood gathered input from all levels of care, the clients, families and stakeholders to enable swift action to maintain the highest level of services. In 2011 and 2012 Crestwood initiated a wage freeze and wage reduction, decreased in employee benefit packages. As a result of these efforts, Crestwood closed 2012 in a position to maintain services and continue to grow the evidenced-based practices that had been initiated.

#### **Stable Employee Retention in Key Positions**

2012 was a years of leadership transitions. We had an administrator at a leading campus be promoted to the corporate Director of Clinical Services, and as a

result we were able to move several administrators to more challenging campuses. This movement allowed us to promote from within in two campuses and to shift leadership roles throughout the organization. This movement has been identified as key to retaining leaders and growing leaders throughout our organization. The tenure average for administrators in 2012 is 8 years. The tenure for staff throughout the behavioral health programs in 2012 is 8.2 years and our turnover rate is 36%, which is far below the state average.

### **New Programs and Sustaining Existing Programs**

The only new program opened in 2012 had been in formation for two years. It was the PHF at the Sacramento Center campus. This PHF is 16 beds and opened to service only Sacramento County clients. The MHRC at Sacramento Center was reduced in capacity to 54 beds to enable the PHF to be developed on the campus. The other significant growth in 2012 was the expansion in services of the PHF at the American River campus. The PHF at American River grew from 12 beds to 16 beds later in 2012. This was to expand the services with Sacramento County.

## **GROWTH OF INITIATIVES IN 2012**

### **Reduction of Seclusion and Restraints**

Since the training in 2008, Crestwood has developed an overall corporate plan to assist and support the elimination of the use of restraints, with the ultimate goal of totally eliminating the use of coercive care throughout Crestwood. Each facility developed an individual plan that has been reviewed by the corporate office with ongoing consultation from Kevin Huckshorn and Janice LeBel. Facilities also provide a monthly report of any incidents of seclusion and restraint, along with both client and staff debriefing forms, to the Director of Clinical Services for review by the Corporate Restraint Committee. This information is analyzed and tracked with any trends or concerns being discussed and addressed at both the corporate and facility levels. Each facility also has a Restraint Reduction Committee that meets regularly to address any issues or concerns that arise in individual facilities.

In 2012 this effort continues as Crestwood was awarded a SAMHSA-sponsored training on Integration of Trauma-Informed Care in our programs, with goals of eliminating seclusion and restraint. This will be part of our 2012 annual strategy.

## Trauma-Informed Care Services

Trauma-Informed Care Services training and planning was initiated in 2012 for the advancement of the trauma-informed care movement for 2013 and ongoing.

## WRAP

Wellness Recovery Action Plan (WRAP) is an evidenced-based treatment tool that Crestwood has been using for ten years. This initiative has been to expand and instill WRAP into all of our services and staff. WRAP has been implemented in each one of our programs, with a variety of approaches being used. While the curriculum of WRAP has core values and ethics that are to be adhered to, there are a variety of ways that it can be taught. Providing WRAP in a variety of approaches enables the client to choose the kind of approach that most directly appeals to their needs and interests.

Other forms of WRAP in 2012 included the following groups:

- WRAP for women and WRAP for Men.
- WRAP to work.
- WRAP overview trainings for staff to create their own plan (this includes ALL staff, regardless of whether or not they will be teaching it). Crestwood has provided this overview training for approximately 1,500 staff in the past decade and in 2011 trained 264 staff.
- Applying WRAP to your life outside of the facility i.e. when you get discharged, when you go home for a visit with your family, etc.
- WRAP for School in our supported education programs.

In 2012 Crestwood trained and provided WRAP to 368 clients.

## Environment

Crestwood was built on a foundation of properties that were not designed for mental health recovery programs. 2012 was the time when we began to bring the spatial focus to existing and well established programs including Bakersfield, Sacramento, and Eureka. As part of our research, we found that the Behavioral HealthCare journal dedicates at least one issue annually to Mental Health Recovery space, both functions and aesthetics. In 2012, as a result of our research, we discovered colors that were conducive to our clients' recovery and have tried to keep these consistent in all of our programs. We also have identified certain spaces that add to recovery, including a serenity room, comfort space, a welcoming room where we can conduct welcoming rituals, comfortable dining rooms that feel like a kitchen and living space in both common and individual rooms.

## Dialectical Behavior Therapy (DBT)

Dialectical Behavior Therapy (DBT) is a modified cognitive-behavioral treatment that was originally developed to treat chronically suicidal adult women diagnosed with borderline personality disorder (BPD). All findings suggest that DBT is more effective at targeting and reducing suicidal and non-suicidal self-injurious behavior, improving treatment retention, reducing medical lethality of suicide attempts, decreasing hospitalizations and ER visits. It is also effective at reducing therapist burnout and costs associated with treatment of multi-diagnostic clients.

In 2012 Crestwood trained an additional 42 DBT therapists through an intensive developed curriculum that was taught by the leadership team of Crestwood DBT trainers. This training took place over 12 months and required rigorous readings and studying to be able to take the course. The course was completed by 42 staff who are now actively providing DBT in our San Jose, Sacramento, Pleasant Hill, Fresno, Napa Valley, Vallejo, Solano and Bakersfield facilities.

## Spirituality

In 2012 Crestwood continued to work on spirituality as a core program element. Spirituality has been a foundational pillar in our recovery philosophy and we have been leaders in this area across the state. We believe it is our responsibility to inquire about, embrace, and support the spiritual lives of the people we serve. This includes individuals from diverse, multicultural communities, and people who are bilingual and monolingual. Spirituality and religion can be important components of recovery, and they have too often been overlooked, minimized, and many times labeled as pathology, leaving clients with little hope for themselves and their futures. At Crestwood, we provide an initial and ongoing spiritual assessment and inquiry as an integral part of our programs. We measure the level of spiritual support offered in the programs through the bi-annual Behavioral Health Metrics.

## Employment Service Initiative- Dreamcatchers Empowerment Network

In 2012 Crestwood employed 108 Dreamcatchers through the relationship with the not for profit Dreamcatchers Empowerment Network (DEN). Supported employment and supported education was promoted in 2012 to all of Crestwood's behavioral health programs. Supported employment and supported education are evidence-based treatment tools and we believe it is the key to de-institutionalization and successful integration into the community for our clients. Crestwood's partnership with Dreamcatchers Empowerment Network has provided a rich experience in 2012 with employing clients at all levels of services, as well as in the competitive employment in the community. The DEN partnership has enabled us to expand the supported education to include adult education at

most of our sites. Some of our facilities also have clients enrolled in college and are completing certificated programs through the community college system.

## Culinary

In 2012 Crestwood continued the focus on culinary empowering and responding to those with mental health issues. Our goal is to provide the most healthy and satisfying food to the people we serve at a sustainable cost. Over the last decade we have seen the evidence that refined sugars, flours, and fats are directly responsible for metabolic diseases such as diabetes. Reducing or eliminating these ingredients from our diet can save an enormous amount of resource dollars, while improving the quality of life and health of our clients. As the providers of the health and wellness of our clients, Crestwood has the opportunity and challenge to use this information by focusing our food-purchasing and dietary program on healthy behaviors.

## Documentation

Documentation was a focused area of growth. In the third quarter of 2012 we gathered the leadership team together and developed the curriculum and basis for the full documentation training that will be conducted in 2013.